MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07033

CERTIFICATE OF DEATH

Reg. Dist. No. 57

The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Aloma (Middle) Gilbert (Last) Bowen

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: (Month) May 28th (Year) 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days / Hours / Min. / If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Calvert Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Steven G. Bowen

14. MOTHER'S MAIDEN NAME: Eliza Bowen.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Leland Bowen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach

153 Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1945, to July 28, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 9:40 m., from the causes and on the date stated above.

SIGNATURE Isaac Nott (Degree or title) ADDRESS Prince Frederick DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 7/30/50 | NAME OF CEMETERY OR CREMATORY Huntingtown | LOCATION (City, town, or county) Huntingtown (State) Md

DATE REC'D BY LOCAL REG. July 29, 1950 | REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Wm. H. Hutchins ADDRESS Owings, Md

RECEIVED
AUG 3 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07034

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Calvert — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick (Rural)
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick (Rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) C (Last) Bowen

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 19-52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Apr. 3, 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months. 3 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Tenant

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Clara Blanche Bowen - Rt. Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

151X Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca Z Stomach

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title):

ADDRESS: St Leonard

DATE SIGNED: 7/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 5, 1950

NAME OF CEMETERY OR CREMATORY: St. Pauls

LOCATION (City, town, or county) (State): Prince Frederick - Md

DATE REC'D BY LOCAL REG.: 7/5/50

REGISTRAR'S SIGNATURE: R. W. Ward

24. FUNERAL DIRECTOR: A. A. Harkness & Son - Mutual, Md.

ADDRESS:

0004V

RECEIVED
JUL 13 1950
BUREAU OF I.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07035

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH· COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Point — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Point.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) (Last) Brown

4. DATE OF DEATH (Month) 7 — (Day) 17, (Year) 1950

5. SEX M. — 6. COLOR OR RACE C. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single — 8. DATE OF BIRTH About 1894 ~~Not Known~~ — 9. AGE last birthday 75 yrs. — If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Farm helper — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Brown — 14. MOTHER'S MAIDEN NAME Ida Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS Major Gross. Plum Point.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.1 Immediate cause (a) Arteriosclerotic Gangrene of feet

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to July 7, 1950, that I last saw the deceased alive on July 6, 1950, and that death occurred at 2:35 P.m., from the causes and on the date stated above.

SIGNATURE Page Jett (Degree or title) — ADDRESS Prince Frederick — DATE SIGNED 7/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 7-19-50 — NAME OF CEMETERY OR CREMATORY Plum Point — LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 7-18-50 — REGISTRAR'S SIGNATURE H. W. Ward. — 24. FUNERAL DIRECTOR P. E. Sewell — ADDRESS Prince Frederick Md

866 VV

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 24 1950
BUREAU T. S.

07036

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLACE OF DEATH: Calvert

or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Calvert Co. Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1387 H. St. N.E.
(If rural, give LOCATION)

2.(a) If veteran, name war

FULL NAME: nuel Brown

3. (b) Social Security Number

	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Jewish	

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec - 2 - 1872

8. AGE: Years 78 | Months 8 | Days 2 | If less than one day ... hrs. ... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual occupation Tailor

11. Industry or business Self employed

FATHER
12. Name Nathan Brown
13. Birthplace

MOTHER
14. Maiden name Hilda
15. Birthplace

16. Informant Milton Brown
Address 1387 H. St. N.E Wash. D.C.

17. Burial Date thereof 7-6-50
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Adas Israel Congregation

Location Wash. D.C.

18. Funeral director Bernard Danzanski
Address 3501 - 14th St, N.E. Wash

19. 7.4 1950 H. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4 1950, at 10 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/5 1950, to 7/4 1950 and that I last saw him alive on 7/4 1950

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to

Other conditions 420.1 94a
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Huntington Md Date signed 36006

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of ... is especially important. Physicians: please write the caus... ...n carefully. I ... learly and leg...

COPY SENT TO CHO LOCAL REGISTRAR No. ..... DATE 7-20-50

MARYLAND STATE DEPARTMENT OF HEALTH

07037

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 5-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Calvert; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holland Point; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Rappahannock; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Front Royal; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) E. (Last) Elkins

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: March 1910

9. AGE last birthday: 40 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Rappahannock Co., Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Elkins

14. MOTHER'S MAIDEN NAME: Elizabeth Vincent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Mrs Stella Mills - Front Royal, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowned — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Fell off Boat

850.8
172

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. Accident | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Patuxent River | (CITY OR TOWN) Near Holland Point | (COUNTY) Calvert | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) July 1, 1950 11:30 P.M. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fell off Boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Maynard Owen Clinic Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 5, 1950 | NAME OF CEMETERY OR CREMATORY Willis Chapel | LOCATION (City, town, or county) Rappahannock | (State) Va.

DATE REC'D BY LOCAL REG. 7/4/50 | REGISTRAR'S SIGNATURE H. N. Hard | 24. FUNERAL DIRECTOR A. B. Scott | ADDRESS Funeral Home - Front Royal Va.

9889

RECEIVED
JUL 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07038

CERTIFICATE OF DEATH

Reg. Dist. No. 5

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Bead | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 1248 H St SE Washington DC — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susie	Roberta	Finnoth	7	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Widow	June 30 1887	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		DC	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
~~Preston~~ Bat James Harrison	Susie Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Mamie Taylor, 1314 H St SE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval Between Onset and Death: 1 hr

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/21, 1950, to 7/21, 1950, that I last saw the deceased alive on 7/21, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard Owings		Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	24	Cedar Hill	Wash. DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/21/50	Howard Owings	Summers Bro	Wash DC.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17039

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick | LENGTH OF STAY (in this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lizette (Middle) (Last) Graef

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Nov. 13, 1871

9. AGE last birthday: 78 yrs. | If under 1 year: Months 7 Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New York City N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Fulton

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) No

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: Mrs George Lombrush - Prince Frederick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio vascular renal disease

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10, 1950, to 7/20, 1950, that I last saw the deceased alive on 7/20, 1950, and that death occurred at 10 P.M. m., from the causes and on the date stated above.

SIGNATURE H Weems (Degree or title) ADDRESS Huntingtown Md. DATE SIGNED 7/21/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE July 22, 1950 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 7/22/50 | REGISTRAR'S SIGNATURE H W Ward | 24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual ADDRESS Md.

RECEIVED
JUL 28 1950
BUREAU V. S.

M

07040

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Rebecca (Last) Gray

4. DATE OF DEATH (Month) July (Day) 23 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Feb. 16, 1867
9. AGE last birthday 83 yrs. If under 1 year: Months 5 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Calvert County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alexander Larielle
14. MOTHER'S MAIDEN NAME Annie Sedwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Nannie L. Dorsey - Port Republic, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pneumonia

191X Antecedent cause(s)

53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatous Ca of Skin.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1950, to 7/23, 1950, that I last saw the deceased alive on 7/23, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE R. Williams (Degree or title) ADDRESS St Leonard — DATE SIGNED 7/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 25, 1950
NAME OF CEMETERY ~~OR CREMATORY~~ Christ Church Cemetery
LOCATION (City, town, or county) Port Republic, (State) Md

DATE REC'D BY LOCAL REG. 7-24-50
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUL 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07041

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards (Rural); STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) Nora; (Last) Henderson

4. DATE OF DEATH: (Month) July; (Day) 14; (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 8, 1916

9. AGE last birthday: 34 yrs. If under 1 year: Months. 0 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver Buckler

14. MOTHER'S MAIDEN NAME: Blanche Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 220

17. INFORMANT AND ADDRESS: Woodrow Henderson - St. Leonards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolism

684.x Antecedent cause(s)

147.d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post-partum 5 d

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

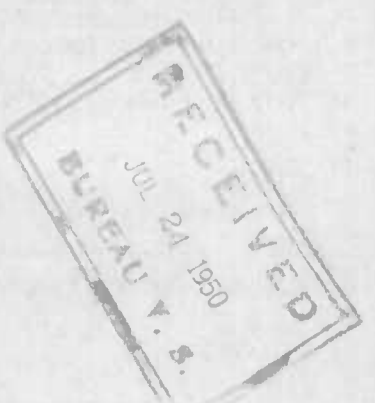
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE R. D. Wallace (Degree or title) ADDRESS St Leonard DATE SIGNED 7/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE July 17, 1950; NAME OF CEMETERY OR CREMATORY Water's Memorial; LOCATION (City, town, or county) (State) Island Creek Md

DATE REC'D BY LOCAL REG. 7/17/50; REGISTRAR'S SIGNATURE H. N. Ward

24. FUNERAL DIRECTOR ADDRESS A. A. Harkness & Son - Mutual, Md


RECEIVED
JUL 24 1950
BUREAU Y. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07042

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY: Calvert — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dowell — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dowell
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Owens (Middle) C (Last) Johnson

4. DATE OF DEATH (Month) 7 (Day) 27 (Year) 1950

5. SEX: M

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 1899

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert Co. Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Cornelius Johnson

14. MOTHER'S MAIDEN NAME: Thelma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Dowell Md — Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) Acute dilatation of heart

Antecedent cause(s)

95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead on his boat

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 D m., from the causes and on the date stated above.

SIGNATURE: H W Ward (Degree or title) O M L — ADDRESS: Owing Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7-29-50 — NAME OF CEMETERY OR CREMATORY: St Johns — LOCATION (City, town, or county) (State): Calvert Co, Md

DATE REC'D BY LOCAL REG.: 7-28-50 — REGISTRAR'S SIGNATURE: H W. Ward

24. FUNERAL DIRECTOR: P. E. Sewell — ADDRESS: Prince Frederick Md

XVX 71

RECEIVED
AUG 2 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07043

Reg. Dist. No. 5-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Calvert
City or town: Brenys Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 weeks
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)
State: Md. County: Calvert
City or town: Washington D.C.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1335 Shepherd St. N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Mrs Mary McAuliffe Stead.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	married

6.(b) Name of husband or wife: Floyd Stead
6.(c) If alive, give age: 69 years
7. Birth date of deceased (mo., day, yr.): 16 April 1879
8. AGE: Years: 71 Months: Days: If less than one day: hrs. min.
9. Birthplace: Dc.
(Town, county, and state)
10. Usual occupation: H.W.
11. Industry or business:
FATHER 12. Name: Patrick McAuliffe
13. Birthplace: Ireland
MOTHER 14. Maiden name: Mary Cath. Wolfe
15. Birthplace: Ireland
16. Informant: Cath. L. Waldron
Address: 5233 N. Hamp. ave N.W.
17. (Burial, cremation, or removal. Which?) Date thereof: 7/5/1950 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Washington D.C.
18. Funeral director: Francis J. Collins
Address: 3821-14th St. Washington D.C.
19. July 2 1950 (Date rec'd by registrar) Virgil P. Carpenter Registrar

MEDICAL CERTIFICATION

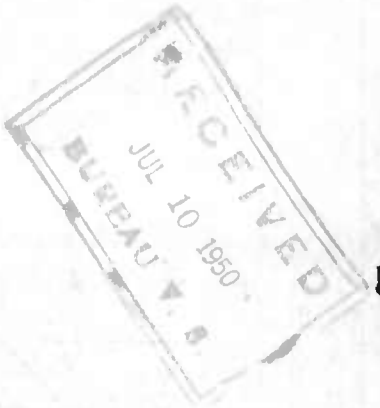
20. DATE OF DEATH: 7/2 1950, at 4:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19 and that death occurred at 4:15 P.M. from the following causes:

	DURATION
Immediate cause of death: Cardiac Neoplasm.	
Due to:	
Due to:	
Other conditions: 150x 46a	

(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Acting Med Examiner Date signed: 7/3/50


RECEIVED
JUL 10 1950
BUREAU